PATHOLOGIC STAGE	SURVEILLANCE[b]
Stage I	Colonoscopy[a] at 1 y ▸ If advanced adenoma, repeat in 1 y ▸ If no advanced adenoma,[bb] repeat in 3 y, then every 5 y[cc]
Stage II, III	• History and physical every 3–6 mo for 2 y, then every 6 mo for a total of 5 y • CEA[dd] every 3–6 mo for 2 y, then every 6 mo for a total of 5 y • Chest/abdominal/pelvic CT every 6–12 mo (category 2B for frequency <12 mo) for a total of 5 y • Colonoscopy[a] in 1 y except if no preoperative colonoscopy due to obstructing lesion, colonoscopy in 3–6 mo ▸ If advanced adenoma, repeat in 1 y ▸ If no advanced adenoma,[bb] repeat in 3 y, then every 5 y[cc] • PET/CT scan is not indicated • See Principles of Survivorship (COL-H)
Stage IV	• History and physical every 3–6 mo for 2 y, then every 6 mo for a total of 5 y • CEA[dd] every 3–6 mo x 2 y, then every 6 mo for a total of 5 y • Chest/abdominal/pelvic CT scan every 3–6 mo (category 2B for frequency <6 mo) x 2 y, then every 6–12 mo for a total of 5 y • Colonoscopy[a] in 1 y except if no preoperative colonoscopy due to obstructing lesion, colonoscopy in 3–6 mo ▸ If advanced adenoma, repeat in 1 y ▸ If no advanced adenoma,[bb] repeat in 3 y, then every 5 y[cc] • See Principles of Survivorship (COL-H)

→ Serial CEA elevation or documented recurrence → See Workup and Treatment (COL-9)

[a]All patients with colon cancer should be counseled for family history and considered for risk assessment. For patients with suspected Lynch syndrome, familial adenomatous polyposis (FAP), and attenuated FAP, see the NCCN Guidelines for Genetic/Familial High-Risk Assessment: Colorectal.
[b]See Principles of Imaging (COL-A).
[bb]Villous polyp, polyp >1 cm, or high-grade dysplasia.
[cc]Rex DK, Kahi CJ, Levin B, et al. Guidelines for colonoscopy surveillance after cancer resection: a consensus update by the American Cancer Society and the US Multi-Society Task Force on Colorectal Cancer. Gastroenterology 2006;130:1865-71.
[dd]If patient is a potential candidate for further intervention.

Note: All recommendations are category 2A unless otherwise indicated.
Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.